

Exhibit 6

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|--|--|--|---|--|--|---|
| 22222 | | Void <input type="checkbox"/> | a Employee's social security number [REDACTED] | | For Official Use Only ► OMB No. 1545-0008 | |
| b Employer identification number (EIN) [REDACTED] | | | | 1 Wages, tips, other compensation 44504.34 | | 2 Federal income tax withheld 5071.00 |
| c Employer's name, address, and ZIP code 212 STEAKHOUSE INC 316 E 53RD STREET NEW YORK NY 10022 | | | | 3 Social security wages 9473.33 | | 4 Social security tax withheld 2759.27 |
| | | | | 5 Medicare wages and tips 44504.34 | | 6 Medicare tax withheld 645.31 |
| | | | | 7 Social security tips 35031.01 | | 8 Allocated tips |
| d Control number | | | | 9 | | 10 Dependent care benefits |
| e Employee's first name and initial NINO MARTINENK | | Last name SILVA | | Suff | 11 Nonqualified plans | 12a See instructions for box 12 |
| f Employee's address and ZIP code [REDACTED] | | | | 13 Statutory employee Retirement plan Third-party sick pay | | 12b |
| | | | | 14 Other NY-SDI 15.60 NY-FLI 227.42 | | 12c |
| | | | | | | 12d |
| | | | | | | |
| 15 State Employer's state ID number NY [REDACTED] | | 16 State wages, tips, etc. 44504.34 | | 17 State income tax 2317.88 | | 18 Local wages, tips, etc. 44504.34 |
| | | | | 19 Local income tax 1668.59 | | 20 Locality name Medicar |

Form **W-2** Wage and Tax Statement**2021**
0000/ 1030DDepartment of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see the separate instructions.Copy A For Social Security Administration - Send this entire page with
Form W-3 to the Social Security Administration; photocopies are not acceptable.**Do Not Cut, Fold, or Staple Forms on This Page**

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